

reng 7/29/10
K44

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

Unclaimed Dividends/Distribution Less Than \$5 For Deposit To Registry Fund

Debtor: Michael Anthony Uker

Chapter 7 Case No. 09-46687

Please Check One:

- Unclaimed Dividends
 Distribution Less Than \$5

10 JUL 29 AM 9:53
U.S. BANKRUPTCY COURT
MINNEAPOLIS, MN

RECEIVED

Name and Address of Creditor	Claim No.	Amount Claimed	Distribution Amount
Stearns Electric Assn.	1		\$0.32

Date: July 28, 2010

Dwight R. Lindquist
Trustee
Dwight R. J. Lindquist
1510 Rand Tower
Minneapolis, MN 55402
(612) 332-8871 #63538

B10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT District of Minnesota		PROOF OF CLAIM
Name of Debtor: Michael Anthony Uker		Case Number: 09-46687 <i>RECEIVED AM 9:280 JUL 1 2010 U.S. BANKRUPTCY COURT MEMBER ACCOUNTS SUPERVISOR</i>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Stearns Electric Assn.		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number (if known)
Name and address where notices should be sent: Stearns Electric Assn. 900 East Kraft Drive PO Box 40 Melrose MN 56352-0040		Filed on: <i>AM 9:280 JUL 1 2010</i>
Telephone number:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Telephone number:		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
1. Amount of Claim as of Date Case Filed: \$ <i>14,67</i>		Specify the priority of the claim.
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
If all or part of your claim is entitled to priority, complete item 5.		<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
2. Basis for Claim: <i>ELECTRIC USEAGE</i> (See instruction #2 on reverse side.)		<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).
3. Last four digits of any number by which creditor identifies debtor:		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
3a. Debtor may have scheduled account as: <i>6701</i> (See instruction #3a on reverse side.)		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(...).
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.		Amount entitled to priority: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
Value of Property: \$ _____ Annual Interest Rate: %		
Amount of arrearage and other charges as of time case filed included in secured claim,		
If any: \$ _____ Basis for perfection:		
Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)		
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		
If the documents are not available, please explain:		
Date: <i>12/16/09</i>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <i>JIM ATHMAN MEMBER ACCOUNTS SUPERVISOR</i> <i>Jim Athman</i>	
	Send original to: U.S. Bankruptcy Court 301 U.S. Courthouse 300 South Fourth Street Minneapolis, MN 55415	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.